

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585792

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5			1			
6			1			
7			1			
8			1			
9			1			
10	1		1			
11	1		1			
12	2		1			
13	2		1			
14			1			
15			1			
16			1			
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TOTAL IND.	2		2			
TOTAL DEP.	16	←	20	←	←	
TOTAL CLAIMS	18		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						